

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number

10/783,386

Filing Date

2/20/2004

First Named Inventor

Larry F. Rhodes

Art Unit

1752

Examiner Name

Amanda C. Walke

Attorney Docket Number

4262 - 031384

ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/
Incomplete Application



Reply to Missing Parts
under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a
Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board
of Appeals and Interferences



Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify
below):

Search Report

Exhibit C

Cited References

RCE

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

The Webb Law Firm

Signature

Printed name

Paul M. Reznick

Date

March 12, 2008

Reg. No.

33,059

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Dana Rumbaugh

Date

March 12, 2008

FEE TRANSMITTAL

For FY 2008

Complete if Known

Application Number	10/783,386
Filing Date	2/20/2004
First Named Inventor	Larry F. Rhodes
Examiner Name	Amanda C. Walke
Art Unit	1752
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☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **810.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Design	310	75	510	255	210	105	
Plant	210	105	100	50	130	65	
Reissue	210	105	310	155	160	80	
Provisional	310	155	510	255	620	310	
	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Small Entity	Small Entity
Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims - **20 or HP** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - _____ = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - **3 or HP** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - _____ = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

Fees Paid (\$)

810.00

SUBMITTED BY

Signature		Registration No. 33,059 (Attorney/Agent)	Telephone 412-471-8815
Name (Print/Type)	Paul M. Reznick		Date March 12, 2008